

<i>SERFF Tracking Number:</i>	<i>AMFA-126555885</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>45244</i>
<i>Company Tracking Number:</i>	<i>ALIC - N-I DISCLOSURE REV. 03-10</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>ALIC - N-I Disclosure Rev. 03-10</i>		
<i>Project Name/Number:</i>	<i>N-I Disclosure Rev. 03-10/N-I Disclosure Rev. 03-10</i>		

Filing at a Glance

Company: Ameritas Life Insurance Corp.

Product Name: ALIC - N-I Disclosure Rev. 03-10
 SERFF Tr Num: AMFA-126555885 State: Arkansas

TOI: H21 Health - Other
 SERFF Status: Closed-Approved-Closed
 State Tr Num: 45244

Sub-TOI: H21.000 Health - Other
 Co Tr Num: ALIC - N-I
 State Status: Approved-Closed
 DISCLOSURE REV. 03-10

Filing Type: Form
 Reviewer(s): Rosalind Minor
 Authors: Janis Landon, Stephanie Mundt
 Disposition Date: 04/01/2010
 Date Submitted: 03/24/2010
 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
 State Filing Description:
 Implementation Date:

General Information

Project Name: N-I Disclosure Rev. 03-10
 Project Number: N-I Disclosure Rev. 03-10
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:

Filing Status Changed: 04/01/2010

Deemer Date:
 Submitted By: Stephanie Mundt
 Filing Description:
 Dear Sir/Madam:

Status of Filing in Domicile: Pending
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Group
 Group Market Size: Small and Large
 Group Market Type: Employer, Association, Trust
 Explanation for Other Group Market Type:
 State Status Changed: 04/01/2010
 Created By: Janis Landon
 Corresponding Filing Tracking Number:

Enclosed for your review and approval is the above referenced insert page, which will be used for new group policies/certificates issued or renewed after the Department's approval date. This form will be used with policy 9000 Rev. 03-08 and certificate 9021 Rev. 03-08, previously approved by your Department. This insert page is a new form

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that does not replace any other and may be included in both the certificate and policy.

There is no impact on previously approved rates. This is just a no charge amenity offering to those covered under our insurance policies.

Nothing in this filing includes any provisions contrary to standard industry practice.

Thank you for your review of this filing. If you need anything additional, please feel free to contact me at 800-745-1112, ext. 82444, FAX 402-309-2573 or email jlandon@ameritas.com.

Sincerely,

Janis Landon
Senior Contract Analyst

Company and Contact

Filing Contact Information

Janis Landon, Senior Contract Analyst
475 Fallbrook Blvd.
Lincoln, NE 68521

jlandon@ameritas.com
800-745-1112 [Phone] 82444 [Ext]
402-309-2573 [FAX]

Filing Company Information

Ameritas Life Insurance Corp.
5900 O Street
P O Box 81889
Lincoln, NE 68501-1889
(800) 756-1112 ext. [Phone]

CoCode: 61301 State of Domicile: Nebraska
Group Code: 943 Company Type:
Group Name: State ID Number:
FEIN Number: 47-0098400

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ameritas Life Insurance Corp.	\$50.00	03/24/2010	35132715

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/01/2010	04/01/2010

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Disposition

Disposition Date: 04/01/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Non-Insurance Products/Services	Approved-Closed	Yes

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Form Schedule

Lead Form Number: N-I Disclosure Rev. 03-10

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/01/2010	N-I Disclosure Rev. 03-10	Other	Non-Insurance Products/Services	Initial		50.000	N-I Disclosure- 03-18- 2010.pdf

Non-Insurance Products/Services

From time to time we may arrange, at no additional cost to you or your group, for third-party service providers to provide you access to discounted goods and/or services, such as purchase of eye wear or prescription drugs. These discounted goods or services are not insurance. While we have arranged these discounts, we are not responsible for delivery, failure or negligence issues associated with these goods and services. The third-party service providers would be liable.

To access details about non-insurance discounts and third-party service providers, you may contact our customer connections team or your plan administrator.

These non-insurance goods and services will discontinue upon termination of your insurance or the termination of our arrangements with the providers, whichever comes first.

[Dental procedures not covered under your plan may also be subject to a discounted fee in accordance with a participating provider's contract and subject to state law]

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Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	04/01/2010
Comments:			
Attachment:			
ar-readability-alic.pdf			

		Item Status:	Status
			Date:
Bypassed - Item:	Application	Approved-Closed	04/01/2010
Bypass Reason:	n/a		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	04/01/2010
Bypass Reason:	n/a		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	04/01/2010
Bypass Reason:	n/a		
Comments:			

STATE OF ARKANSAS
CERTIFICATE OF READABILITY

INSURER:

This is to certify that the attached form(s) has achieved a Flesch Reading Ease Score of:

FORM NO:

FLESCH SCORE:

FORM NAME:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

complies with the requirements of Ark. Stat. Ann. Sections 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

SIGNATURE: _____

TYPED NAME:

TITLE:

DATE: _____